

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

99042

Office of Registrar of Vital Statistics.

Ward

62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Euna Willmeyer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

2 Years,

10 Months,

8 Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

350 Washington St

Cause of Death,

{ First (Primary), }

Pneumonia

{ Second (Immediate), }

Asthma

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer Church

Date of Burial,

April 7. 1887

Undertaker,

Henry Hoer

Medical Attendant.

Place of Business,

1023 Centre Ave

Address, 300 Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99143 Office of Registrar of ~~Vital~~ Medical Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ephraim Jenkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, 1 Months, 1 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Charleston South Carolina

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give Street and Number. } 1107 Wilmore Alley

Cause of Death, { First (Primary), Second (Immediate), } Paralysis
Hemorrhage

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 6 1887

Undertaker, Geo. Shannon M. D.

Place of Business, 561 Arch St Address, 1434 Penna Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 9904 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Cole
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 68 Years, Months, Days,
Color, Black
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married
Occupation, Laborer
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard County Maryland
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give street and Number. } 21 Bond St
Cause of Death, { First (Primary), General Debility
Second (Immediate), Exhaustion
Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery
Date of Burial, April 6 1887
Undertaker, William A. Dinger
Place of Business, 150 East St Address, 11910. San Diego St
Medical Attendant, H. C. Bieder M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on page

Health Department, City of Baltimore.

Permit No. 99845 Office of Registrar of ~~Vital~~ Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertriana Sudan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 32 Years, _____ Months, _____ Days.

Color, Black

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give Street and Number. } 1513 Vine St.

Cause of Death, { First (Primary), Second (Immediate), } miscarriage & ill nutrition
Consumption

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Shamp st Cemetery

Date of Burial, April 6 1897

{ Undertaker, William A Dungee Amman F Hill M. D.

{ Place of Business, 150 East St Address, 17 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 99046 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 5th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Sarah J Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } 924 Mc Donough St.

Cause of Death, { First (Primary), Second (Immediate), } Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th 1887

Undertaker, Henry H. Means J M Cathell M. D. Medical Attendant.

Place of Business, #413 E. Fayette St Address, H M Broadway

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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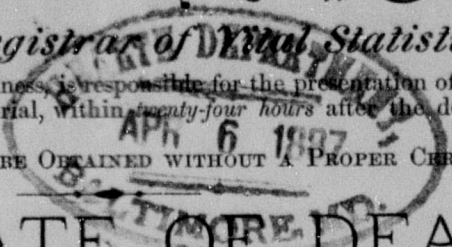
Health Department, City of Baltimore.

Permit No. 99047 Office of Registrar of ~~Vital~~ Death Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, April 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Rosenmiller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 33 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Taylor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give Street and Number. } 1508 Canton Ave

Cause of Death, { First (Primary), Second (Immediate), } Obstruction of mind
Suicide by hanging

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 6th

Undertaker, W. Dippel E. Hall Ruland M. D.

Place of Business, 151 S Bond St Address, 103 Broadway

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99048 Office of Registrar of Vital Statistics.

Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen A. Woolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Four Years, _____ Months, _____ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Upton St. Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1333 Upton St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Meningitis
Concussion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Apr 6 - 1887

Undertaker, H. W. Madden

Place of Business, 46 East R Address, 639 Duquesne St

A. B. Aldrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99049 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel B. Cross

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1520 Park St.

Cause of Death, { First (Primary), Second (Immediate), } Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 7th 1887

{ Undertaker, Stewart Mowbray } C. H. Miltner M.D. Medical Attendant.

{ Place of Business, 215 Park Ave. } Address, 319 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **99050**

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Mary Hagan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

37

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

36 years

Place of Death, { Give street and number. }

old 50 Hanford Ave

Cause of death, { First, (Primary,) Second, (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, **New Cathedral**

Date of Burial, **April 6th**

Dr. Brooke Bayle M.D.

Undertaker, **H. C. Wiedefeld**

Medical Attendant

Place of Business, **916 Green Mt Ave**

Address,

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[OVER]

Board of Health, City of Baltimore,

12

Permit No. 99051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Harris

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 41 Years, 9 Months, 3 Days

Color, Col Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laundry

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 412 Druid Hill Ave

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thos. J. Mumford M. D.

Date of Burial, April 6th 1887 Medical Attendant.

{ Undertaker, Saml W Chase
Place of Business, 67 H. S. Howard St Address 8 W Read St

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